

FILED

10/10/2007

UNITED STATES DISTRICT COURT FOR THE
NORTHERN DISTRICT OF ILLINOIS

JUN - 6 2008

MICHAEL W. DOBBINS
CLERK, U.S. DISTRICT COURT

IN FORMA PAUPERIS APPLICATION

AND

FINANCIAL AFFIDAVIT

Kimyuna K Jackson

Plaintiff

v.

State of Illinois

Defendant(s)

CAS

MAG.JUDGE DENLOW

JUDGE

Department of Labor + Chief Adminstrative Law Judge Claudia D Monk

Wherever is included, please place an X into whichever box applies. Wherever the answer to any question requires more information than the space that is provided, attach one or more pages that refer to each such question number and provide the additional information. Please PRINT:

I, Kimyuna K Jackson, declare that I am the plaintiff petitioner movant (other _____) in the above-entitled case. This affidavit constitutes my application to proceed without full prepayment of fees, or in support of my motion for appointment of counsel, or both. I also declare that I am unable to pay the costs of these proceedings, and that I am entitled to the relief sought in the complaint/petition/motion/appeal. In support of this petition/application/motion/appeal, I answer the following questions under penalty of perjury:

1. Are you currently incarcerated? Yes No (If "No," go to Question 2)
I.D. # _____ Name of prison or jail: _____
Do you receive any payment from the institution? Yes No Monthly amount: _____
2. Are you currently employed? Yes No
Monthly salary or wages: _____
Name and address of employer: _____
- a. If the answer is "No":
Date of last employment: _____
Monthly salary or wages: _____
Name and address of last employer: _____
- b. Are you married? Yes No
Spouse's monthly salary or wages: _____
Name and address of employer: _____
3. Apart from your income stated above in response to Question 2, in the past twelve months have you or anyone else living at the same residence received more than \$200 from any of the following sources? Mark an X in either "Yes" or "No", and then check all boxes that apply in each category.
 a. Salary or wages Yes No
 Amount _____ Received by _____

b.	<input type="checkbox"/> Business, <input type="checkbox"/> profession or <input type="checkbox"/> other self-employment	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Amount _____	Received by _____		
c.	<input type="checkbox"/> Rent payments, <input type="checkbox"/> interest or <input type="checkbox"/> dividends	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Amount _____	Received by _____		
d.	<input type="checkbox"/> Pensions, <input type="checkbox"/> social security, <input type="checkbox"/> annuities, <input type="checkbox"/> life insurance, <input type="checkbox"/> disability, <input type="checkbox"/> workers' compensation, <input type="checkbox"/> unemployment, <input type="checkbox"/> welfare, <input type="checkbox"/> alimony or maintenance or <input type="checkbox"/> child support	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Amount <u>\$1734</u>	Received by <u>State Disbursement Unit</u>		
e.	<input type="checkbox"/> Gifts or <input type="checkbox"/> inheritances	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Amount _____	Received by _____		
f.	<input type="checkbox"/> Any other sources (state source: _____)	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Amount _____	Received by _____		

4. Do you or anyone else living at the same residence have more than \$200 in cash or checking or savings accounts? Yes No Total amount: _____
In whose name held: _____ Relationship to you: _____

5. Do you or anyone else living at the same residence own any stocks, bonds, securities or other financial instruments? Yes No
Property: _____ Current Value: _____
In whose name held: _____ Relationship to you: _____

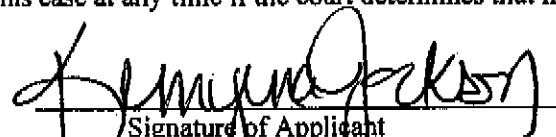
6. Do you or anyone else living at the same residence own any real estate (houses, apartments, condominiums, cooperatives, two-flats, three-flats, etc.)? Yes No
Address of property: _____
Type of property: _____ Current value: _____
In whose name held: _____ Relationship to you: _____
Amount of monthly mortgage or loan payments: _____
Name of person making payments: _____

7. Do you or anyone else living at the same residence own any automobiles, boats, trailers, mobile homes or other items of personal property with a current market value of more than \$1000? Yes No
Property: _____
Current value: _____
In whose name held: _____ Relationship to you: _____

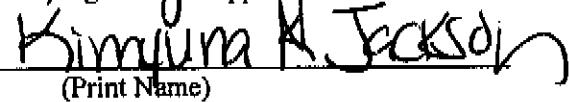
8. List the persons who are dependent on you for support, state your relationship to each person and indicate how much you contribute monthly to their support. If none, check here No dependents

I declare under penalty of perjury that the above information is true and correct. I understand that pursuant to 28 U.S.C. § 1915(e)(2)(A), the court shall dismiss this case at any time if the court determines that my allegation of poverty is untrue.

Date: 6-6-08



Signature of Applicant



(Print Name)

NOTICE TO PRISONERS: A prisoner must also attach a statement certified by the appropriate institutional officer or officers showing all receipts, expenditures and balances during the last six months in the prisoner's prison or jail trust fund accounts. Because the law requires information as to such accounts covering a full six months before you have filed your lawsuit, you must attach a sheet covering transactions in your own account--prepared by each institution where you have been in custody during that six-month period--and you must also have the Certificate below completed by an authorized officer at each institution.

CERTIFICATE
(Incarcerated applicants only)
(To be completed by the institution of incarceration)

I certify that the applicant named herein, _____, I.D.# _____, has the sum of \$ _____ on account to his/her credit at (name of institution) _____.

I further certify that the applicant has the following securities to his/her credit: _____. I further certify that during the past six months the applicant's average monthly deposit was \$ _____.

(Add all deposits from all sources and then divide by number of months).

DATE

SIGNATURE OF AUTHORIZED OFFICER

(Print name)